

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1633

State File No.

FILED FEB 7 1951

BIRTH NO. REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5612 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Knox County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Near Knox City (Giddo)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knox City Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Will</u>	c. (Last) <u>Simpson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 28, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 21, 1884</u>	9. AGE (In years last birthday) <u>66</u> # UNDER 1 YEAR <u>3</u> Months <u>7</u> Days # UNDER 1 MIN. <u>5</u> Hours <u>5</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>Knox County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Kliza Simpson</u>	13b. MOTHER'S MAIDEN NAME <u>May Elizabeth Lear</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Essie Simpson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-----</u>	16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Essie Simpson, Knox City, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		<u>1 year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) <u>Arteriosclerosis and hypertension.</u>		<u>3 years</u> <u>3 years.</u> <u>442 x</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1948, to Jan. 28, 1951, that I last saw the deceased alive on Jan. 27, 1951, and that death occurred at 2:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Nels B. Som</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Knox City, Missouri</u>	23c. DATE SIGNED <u>1/30/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/30/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elm Grove</u>	24d. LOCATION (City, town, or county) (State) <u>La Belle, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb-3-1951</u>	REGISTRAR'S SIGNATURE <u>Will S. Nunn</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Roder Jr.</u>	ADDRESS <u>La Belle, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: FEB 5 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-51-264
Date Filed: FEB 6 1951

FEB 7 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by M. J. Miller

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed

J. H. Coder Jr.
Licensed Embalmer No. 4328
P. O. Address La Belle, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.